

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P93000048626**

1. Entity Name  
1380 BLOUNTSTOWN, INC.



**FILED**

**04 OCT 27 AM 10:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business 1380 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304	Mailing Address 2367 CYPRESS COVE DR TALLAHASSEE, FL 32310
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10272004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3190670	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WALKER, CLAUDE R  
1983 CENTRE POINTE BLVD  
200  
TALLAHASSEE, FL 32308

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PD BROWN, STEWART	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	2364 CYPRESS COVE RD. TALLAHASSEE, FL			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	STD JORDAN, WILLIAM	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	422 NORTH RIDE TALLAHASSEE, FL 32303			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			

*JB 10/27*

200042291992  
10/28/04--01063--018 \*\*158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stewart Brown 10/27/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #